

<b>Case Number:</b>	CM14-0014273		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/29/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 28-year-old female who has submitted a claim for left knee pain meniscal pathology versus significant articular damage associated with an industrial injury date of January 29, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent left knee pain associated with clicking, catching, and popping sensations. Physical examination of the left knee showed mild effusion and tenderness over the medial joint line. Treatment to date has included opioids, physical therapy, steroid injections, and arthroscopic surgery and debridement of synovial tissue. Utilization review from January 28, 2014 denied the request for MRA of the left knee due to attending physician's plan of proceeding with diagnostic arthroscopy regardless of MRA result.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MR (MAGNETIC RESONANCE) ARTHROGRAM FOR LEFT KNEE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** Pages 346-347 of the ACOEM Knee Complaints Guidelines as referenced by CA MTUS, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, the patient complained of persistent left knee pain despite oral pain medications, steroid injections, physical therapy, and surgery. Recent progress notes reported increasing symptoms in the left knee. Medical necessity was established. Therefore, the request for MR (magnetic resonance) Arthrogram for left knee is medically necessary.